SERFF Tracking Number: PNMC-125632534 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: EFT \$50

Insurance Company

Company Tracking Number: MMP08-036

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: AR Auto Dec 0508

Project Name/Number: /

Filing at a Glance

Company: Pennsylvania National Mutual Casualty Insurance Company

Product Name: AR Auto Dec 0508 SERFF Tr Num: PNMC-125632534 State: Arkansas

TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 20.0003 Other Co Tr Num: MMP08-036 State Status: Fees verified and

received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,

Llyweyia Rawlins, Brittany Yielding

Author: Marsheelah Preston Disposition Date: 05/08/2008

Date Submitted: 05/02/2008 Disposition Status: Approved

Effective Date Requested (New): 05/01/2008 Effective Date (New): 05/01/2008

05/01/2008

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending

Project Number: Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 05/08/2008

State Status Changed: 05/08/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing for your review and approval the attached Declarations and Supplementary Schedule Forms.

71 0153 0508 Garage Coverage Form Non-Assessable Previously filed and approved; updated to include specific language for Virginia.

71 0154 0508 Garage Coverage Form (Cont'd) Previously filed and approved; updated to include specific language for

SERFF Tracking Number: PNMC-125632534 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: EFT \$50

Insurance Company

Company Tracking Number: MMP08-036

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: AR Auto Dec 0508

Project Name/Number:

Virginia.

All of the above changes will be applicable to policies effective on and after May 1, 2008.

Company and Contact

Filing Contact Information

Marsheelah Preston, Senior Underwriting mpreston@pnat.com

Technician

2 N. Second St. (717) 234-4941 [Phone] Harrisburg, PA 17105-2361 (717) 255-6327[FAX]

Filing Company Information

Pennsylvania National Mutual Casualty CoCode: 14990 State of Domicile: Pennsylvania

Insurance Company

2 N. Second St. Group Code: 271 Company Type: P&C

PO Box 2361

Harrisburg, PA 17105-2361 Group Name: Penn National State ID Number: 03

Insurance

(717) 234-4941 ext. [Phone] FEIN Number: 23-0961349

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: forms = \$50

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Pennsylvania National Mutual Casualty \$50.00 05/02/2008 20066072

Insurance Company

 SERFF Tracking Number:
 PNMC-125632534
 State:
 Arkansas

 Filing Company:
 Pennsylvania National Mutual Casualty
 State Tracking Number:
 EFT \$50

Insurance Company

Company Tracking Number: MMP08-036

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: AR Auto Dec 0508

Project Name/Number:

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/08/2008	05/08/2008

SERFF Tracking Number: PNMC-125632534 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: EFT \$50

Insurance Company

Company Tracking Number: MMP08-036

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: AR Auto Dec 0508

Project Name/Number: /

Disposition

Disposition Date: 05/08/2008

Effective Date (New): 05/01/2008 Effective Date (Renewal): 05/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

 SERFF Tracking Number:
 PNMC-125632534
 State:
 Arkansas

 Filing Company:
 Pennsylvania National Mutual Casualty
 State Tracking Number:
 EFT \$50

Insurance Company

Company Tracking Number: MMP08-036

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: AR Auto Dec 0508

Project Name/Number:

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Proper	rty &Approved	Yes
0	Casualty		
Supporting Document	Form comparison	Approved	Yes
Form	Garage Coverage Form Non-Assessa	ble Approved	Yes
Form	Garage Coverage Form (Cont'd)	Approved	Yes

 SERFF Tracking Number:
 PNMC-125632534
 State:
 Arkansas

 Filing Company:
 Pennsylvania National Mutual Casualty
 State Tracking Number:
 EFT \$50

Insurance Company

Company Tracking Number: MMP08-036

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: AR Auto Dec 0508

Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Garage Coverag Form Non- Assessable	e71 0153	s/Schedule 71 0153 120				0153_0508.p df
Approved	Garage Coverag Form (Cont'd)	e71 0154				0154_0508.p df	

DECLARATIONS

GARAGE Ε

CO.	VERAGE	FORIV
NO	N-ASSES	SABL
-8	Desire	NIATIO

NAMED INSURED'S BUSINESS:

PENN NATIONAL INSURANCE

. 10		
_	Pennsylvania National Mutual Casualty Insurance C	ompan
	Penn National Security Insurance Company	
	P.O. Box 2361	
	Harrisburg, PA 17105-2361	- 1 1
	1-800-3BB-4764	
PA N	NATIONAL MUTUAL CAS, INS, CO,	

TEN 33NE: Insured's Name and Mailing Address (If Individual,	COMPANY USE ONLY
POLICY PERIOD: From: 12:01 A.M. Standard Time at your mailing	To: g address shown above.
	AGENCY NUMBER
	ISSUING DATE PRODUCER 1.D.
NITTOURIE NINDIVIDUAL SINAITED LIA DILIT	TV COMPANY OTHER

IN LIEU OF

PENN NATIONAL SECURITY INS. CO. FORM OF BUSINESS: CORPORATION PARTNERSHIP INDIVIDUAL

BRANCH OFFICE

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

POLICY NO:

ITEM TWO. SCHEDULE OF COVERAGES AND COVERED AUTOS.

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for

COVERAGES		COVERED AUTOS		PREMIUM				
			Each "Accident"	"Garage Operations"	Aggregate- "Garage Operations"			
LIABILITY			"Auto" Only	Other Than	Other Than			
	\$ S \$ Auto" Only Auto" only \$							
PERSONAL INJURY PROTECTION			SEPARATELY STATED II	N EACH P.I.P. ENDORSEM	ENT			
or equivalent No-fault Coverage)			MINUS \$	DED.		\$		
ADDED PERSONAL INJURY PROTECTION (or equival	ent added		SEPARATELY STATED II	N EACH ADDED P.I.P. END	ORSEMENT	\$		
MEDICAL PAYMENTS			\$			\$		
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)			SEPARATELY STATED IN BENEFITS ENDORSEMEN MEDICAL EXPENSE BEN INCOME LOSS BENEFITS	N EACH MEDICAL EXPENS NT EFITS \$ S \$	E AND INCOME LOSS EACH PERSON PER WEEK EACH PERSON	\$		
UNINSURED MOTORISTS			\$	1.10-100		\$		
UNDERINSURED MOTORISTS			\$			\$		
COMPREHENSIVE	G A C O V		\$ DED.FOR THEFT OR MISCHIEF OF	H LOCATION MINUS I EACH CUSTOMER'S AUT R VANDALISM SUBJECT M DEDUCTIBLE FOR ALL		\$		
SPECIFIED CAUSES OF LOSS	E K E E P E		\$ EACH FOR EACH CUSTOMER	DED. FOR ALL PERILS	\$			
COLLISION	E E		\$ EA COVERED AUTO.	ACH LOCATION MINUS \$	DED. FOR EACH	\$		
COMPREHENSIVE	P H Y S I C		\$ NO DEDUCTIBLE APPLI	DED. FOR EAG IES TO LOSS CAUSED BY E For Dealers "Autos" And	ICHEVER IS LESS, MINUS CH COVERED AUTO, BUT FIRE OR LIGHTNING. (See "Autos" Held For Sale	\$		
SPECIFIED CAUSES OF LOSS	A E R A G E		\$ DED. FOR MISCHIEF OR VANDAL And "Autos" Heid For S	ale By Trailer Dealers And I	OR LOSS CAUSED BY Schedule for Dealers "Autos" Non-Dealers.	\$		
COLLISION	M A G E		ACTUAL CASH VALUE \$ D Schedule For Dealers "Au Ánd Non-Dealers.	\$				
TOWING AND LABOR			\$ For Each [Disablement Of A Private P	assenger "Auto".	\$		
FORMS AND ENDORSEMENTS CONTAINED IN THIS P	OLICY AT	TS INCEPTION	<u> </u>	TOTAL P	REMIUM ITEM TWO	\$		
				PREMIUM	FOR ENDORSEMENTS	\$		
	-					\$		
						\$		
•						\$		
CO. USE ONLY			39MFR (F 17 2 - 1	ESTIMATE	D TOTAL POLICY PREMIUM	\$		

This policy may be subject to final audit.

THIS DECLARATIONS MUST BE COMPLETED BY THE ATTACHMENT OF A SUPPLEMENTARY SCHEDULE.

Countersigned By _	
,	Authorized Representative

COVERED AUTOS

Entry of one or more of the symbols from the COVERED AUTOS Section of the Garage Coverage Form shows which autos are covered autos.

71 0153 0508 Page 2 of 3

POLICY NUMBER				POLICY PERIOD				COVERAGE IS PROVIDED IN THE				AGENCY	AGENCY P	
				FRC	N	ТО						- 	00	
VUTO	ST	TER	YR	DI	ESCRIPTIO	DN	SERIAL	NUMBER	AGE	COST SYM	CLASS	STATED AMOUNT	00	
													_	
OTU	RAD	USE	SIZE	/SEAT	INCM LOSS	MED EXP	L	IMIT	BILITY	PREM	PI PRE		ADDED PIP	
												•		
NUTO		MEDICA IMIT	L PAY	MENTS PREM	UNIN LIMIT	ISURED	MTRST PREM	UNDERII LIMIT	NSURE	D MTRS PREI	T VI DEI	COMPREHE DUCTIBLE	NSIVE PREM	
UTO	SPEC DEDU	CIFIED C	AUSE	S OF LOS PREM	SS DEDU	COLLI:	SION PREM	TOW LIMIT	ING &	LABOR PREM		OTHER PREM	TOTAL PREM	

RAD. Means RADIUS OF OPERATION

DED. Means DEDUCTIBLE

TER: Town and State Where the Covered Auto will be principally garaged.

Except for towing, all physical damage loss is payable to you and the loss payee, if any named on the attached loss payable clause(s) as interests may appear at the time of the loss.



GARAGE COVERAGE FORM (Cont'd)

AUTO DEALERS

SUPPLEMENTARY SCHEDULE

Pennsylvania National Mutual Casualty Insurance Company Penn National Security Insurance Company P.O. Box 2361 Harrisburg, PA 17105-2361 1-800-388-4764

POLICY NO:

ITEM	THREE. LOCAT	TONS WHERE YOU COND	UCT GARAG	E OPERATIO	ons					
LOC.	ADDRESS: State Y	our Main Business Location As Loca	ition No. 1.				•			
								•		
ITEM	FOUR, LIABILI	TY COVERAGE - PREMIUN	/IS	u						
LOC. NO.		es Of Operators (ons On Reverse Side)	Rating Factor	Number Of Persons	Rating Units	Total Rating Units	Liability Premium	P.I.P. Premium	Medical Expense Benefits Premium (VA Only)	income Loss Benefits Premium (VA Only)
	Class I - Employees	Regular Operators		ĺ						
	Class I - Employees	All Others					ŝ	\$	\$	\$
	Class II - Non-Emplo	yees Under Age 25					•	*	*	ľ
	Class II - Non-Emplo	yees Age 25 Or Over								
	Class I - Employees	Regular Operators								
	Class I - Employees	······						_	\$	\$
	Class II - Non-Emplo	yees Under Age 25					\$	\$	*	`
	Class II - Non-Emplo	yees Age 25 Or Over		1		1				
	· · ·		ТОТА	L PREMIUN	/IS		ş	\$		
☐ I [†]		KEEPERS COVERAGES AN (Absence Of A limit or deduct \$ MINUS \$ SUBJECT TO \$ M. \$ MINUS \$ MAXIMUM DEDUCTIBLE FOR AL \$ MINUS \$	Limit O DEDUCTIBLE AXIMUM DEDUC DEDUCTIBLE L PERILS SUBJEC DEDUCTIBLE DEDUCTIBLE AXIMUM DEDUC AXIMUM DEDUC DEDUCTIBLE AXIMUM DEDUC PERILS SUBJEC PERILS SUBJEC	FINSURANCE that the correst FOR EACH CU FOR ALL PERILE TO \$ E FOR EACH CU FOR EACH CU FOR EACH CU FOR ALL PERILE FOR ALL PERIL	For Each L ponding ITEM ISTOMER'S A L SUCH LOSS S FOR EACH ' MAXIM JSTOMER'S A L SUCH LOSS S FOR EACH ' MAXIM	DOCATION TWO limit of UTO FOR LO IN ANY ONE UM DEDUCT UTO, UTO FOR LO IN ANY ONE CUSTOMER'S UM DEDUCT	or deductible applie SS CAUSED BY TH EVENT; OR S AUTO SUBJECT IBLE FOR ALL SUG SS CAUSED BY TH	s) HEFT OR MISCHI TO \$ CH LOSS IN ANY HEFT OR MISCHI TO \$ CH LOSS IN ANY	EF OR VANDALISM ONE EVENT. EF OR VANDALISM ONE EVENT.	\$
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" 	customer's auto		ked, Garagel	ceepers Cov	verage is c					
		cal Damage Coverage - T		VERED AUT	OS AND IN	ITERESTS	IN THESE AU	JTOS -		
Each		g Physical Damage Covera	ges that is in	dicated in l	tem Two a	pplies on!	y to the types	of "autos" a	ınd interests in	dicated belov

Your Interest Only In Financed Covered "Autos"

Your Interest In Covered

"Autos" You Own

All Interests in Any "Auto" Not Owned By You Or Any Creditor While In Your Possession On

Consignment For Sale.

INTERESTS COVERED

Your Interest And The Interest Of Any Creditor Named As A Loss Payee

COVERAGES

Comprehensive

Specified Causes
Of Loss

Collision

New

"Autos"

TYPES OF "AUTOS"

Used "Autos", Demonstrators And Service Vehicles

DEFINITIONS

ITEM FOUR.

Class 1 - Employees

Regular Operator

- Proprietors, partners and officers active in the "garage operations", salespersons, general managers, service managers, any "employee" whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto".

All Others

- All other "employees",

- NOTE: 1. Part-time "employees" working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.
 - 2. Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

Class II - Non-Employees

Any of the following persons who are regularly furnished with a covered "auto": Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

ITEM SEVEN.

Our limit of insurance for "loss" at locations other than those stated in ITEM THREE.

- Additional locations where you store covered "autos".
- In transit.

PREMIUM BASIS -Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon By "X").

REPORTING BASIS (Quarterly or Monthly as indicated on Page 3 by "X")

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your "employees" or family members and other Class II - Non-Employees and covered "autos" that are temporarily displayed or stored at locations other than those stated in ITEM THREE. For your main sales location you must include the total value of all service vehicles.

YOUR REPORTING BASIS IS:

QUARTERLY - You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the values for the last business day of every third month coming within the policy period.

MONTHLY - You must give us your reports by the fifteenth of every month. Your reports will contain the total value you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown in ITEM SEVEN will be credited against the final premium due.

NONREPORTING BASIS. Stated limit of insurance shown in ITEM SEVEN on Pages 2 & 3 applies.



GARAGE COVERAGE FORM (Continued) AUTO DEALERS SUPPLEMENTARY SCHEDULE

Pennsylvania National Mutual Casually Insurance Company Penn National Security Insurance Company P.O. Box 2361 Harrisburg, PA 17105-2361 1-800-388-4764

POLICY NO:

ľTE	EM SEVEN. C	ONTIN	UED, PHYS	SICAL DAM	AGE COVER	RAGE						. 1101			
LOC. NO.	COVERAGES		LI	MIT OF	INSUR	ANCE	FOR E	ACH LO	CATI	O N			RATES	PREMIUM	
	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR											\$	\$	
	Specified Causes Of Loss	\$	MIN	US \$	DEDUCTIBLE	M DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO SUBJECT TO \$ ICH LOSS IN ANY ONE EVENT.									
Ì	Comprehensive	\$			DEDUCTIBLE F					THEFT OR MI	SCHIEF OR	VANDALISM	\$	\$	
	Specified Causes Of Loss	SUBJEC \$ MAXIMI	MIN	US \$	IM DEDUCTIBLE DEDUCTIBLE JCH LOSS IN A	FOR ALL PER	LS FOR EAC	H COVERED A		ECT TO \$			\$	\$	
	CODO	\$		INUS \$		LE FOR EACH		UTO.					Adjust-		
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ALL	Collision		First \$!	50,000		\$50,00	1 To \$10	0,000		Over	\$100,0	00	1 20,01		
														\$	
			п. и.				. :_ ITENA	TUDEE		тот	AL PREM	/IIUM ITEM :	SEVEN	\$	
Our II \$	imit of insura: Ad				tner than tr tore covere		IN II EIVI	inkee.	\$	lr	r transit.				
	/IIUM BASIS-F						EPORTING	3 (indicate bas				2 for explanation	on)		
	R REPORTING			QUARTER		MONTH			REPORT						
ITEM	EIGHT. ME	DICAL I	AYMENT:	S COVERAG	E. REFER T	O ITEM N	INE FOR C	OVERED A	AUTOS II	ISURED C	ON A SPE	CIFIED CAR	BASIS.		
		COVE	RAGE				PREMIUM	DETERMI	NOITAN				PRE	MIUM	
Αι	uto Medical Payms	nts Only			Auto Medic	al Payments P	remium Equa	nis	% Of The L	iability Premi	um		\$	\$	
	emises And Opera Bodily Injury Cau			. (Does Not App		nd Operations % Of The Lial		ments Premiun n.	n Equals				\$	\$	
	emises and Op	erations	And Auto			•		dical Payment	s Premium I	quals			1.		
М	edical Payments					% Of The Lie	bility Premiu	m.		TOTAL DE	>F8411 184	ITEM EIGHT	\$		
															
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Cov	ered		DESC	RIPTION				_			CLA	SSIFICATIO	<u> </u>		
Au No	to Year M	odel; Trad		y Type, Serial	Number(s), Veh	Vehic	vw Gcw Or de Seating apacity	Original Cos New	R ≕ reta	vice	Terr.	Radius Of Operation	Code	Sym/ Age	
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COVI	ERAGES - PRI	MIUMS	AND DEI	OUCTIBLES	(Absence of a	deductible ent	try in any co	lumn below n	neans that	the deductibl	e entry in t	he correspondin	g ITEM TWO	column applic	
Caucar	ad thatte				instead). Med Exp	Incm. Loss	Lux	1 1	Comp	ehensive	Specifie	d Coll	ision	Towing	
Covere Auto No.	ed Liability Premium I	P.I.P. Premium	Added P.J.P. Premium	Pay	Premium	Premium	U.M. Premium	U.I.M. Premium	\$ Ded.	Premium	Causes (Of Special	Premium	And Labor	
				Premium			1	<u> </u>			Premiun	1			
	1														
Total								-							
Premit	מוג						<u></u>			L	i				
Al	/ERED L/TO	(Do i		_	which The Cov hich have been					Territory principally THREE.	town and garaged if	state where the different from Lo		'Auto" will be shown in ITEM	
EXC	EPT FOR TOV	VING, A	LL PHYSIC	CAL DAMA	GE LOSS IS	PAYABLE	TO YOU	J AND THE	LOSS F	AYEE, IF	ANY, N	AMED ON T	HE ATTA	CHED LOS	

PAYABLE CLAUSE(S) AS INTERESTS MAY APPEAR AT THE TIME OF THE LOSS.



Pennsylvania National Mutual Casualty Insurance Company Penn National Security Insurance Company P.O. Box 2361 Harrisburg, PA 17105-2361 1-800-388-4764

GARAGE COVERAGE FORM (Continued) AUTO DEALERS SUPPLEMENTARY SCHEDULE

ITEM TEN

LIABILITY PREMIUM FOR PICK UP AND DELIVERY OF AUTOS - NON-FRANCHISED DEALERS ONLY

NUMBER OF DRIVER TRIPS	RATE	PREMIUM
51-200 Miles		\$
Over 200 Miles		\$
	TOTAL	\$

 SERFF Tracking Number:
 PNMC-125632534
 State:
 Arkansas

 Filing Company:
 Pennsylvania National Mutual Casualty
 State Tracking Number:
 EFT \$50

Insurance Company

Company Tracking Number: MMP08-036

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: AR Auto Dec 0508

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PNMC-125632534 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: EFT \$50

Insurance Company

Company Tracking Number: MMP08-036

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: AR Auto Dec 0508

Project Name/Number:

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 05/08/2008

Property & Casualty

Comments:

Attachment:

ARTrans08-036.pdf

Review Status:

Satisfied -Name: Form comparison Approved 05/08/2008

Comments:

Prior and new editions attached with changes marked for comparison.

Attachments:

0153_0508changeCircled.pdf

0153_1203ChangesMarked.pdf

0154_0508changecircled.pdf

0154-1203ChangesMarked.pdf

Property & Casualty Transmittal Document

1.	Reserved for Insurance	2. In:	nsurance Department Use only						
	Dept. Use Only	a. Da	ate the filing is received:						
		b. Ana	alyst:						
		c. Dis	Disposition:						
		d. Da	Date of disposition of the filing:						
		e. Effe	ective date of filing:						
				usiness					
		f. Sta	Renewal Business State Filing #:						
			RFF Filin	<u> </u>					
		」 h. Sul	oject Cod	es					
3.	Group Name					Group NAIC #			
	•					•			
4.	Company Name(s)		Domicile	NAIC #	FEIN#	State #			
•									
5.	l Company Tracking Number								
5.	Company Tracking Number	Officar(s)	linclude	tall-free numb	oorl				
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6.	ntact Info of Filer(s) or Corporate Name and address					e-mail			
6. 7.	Name and address Signature of authorized filer	Title				e-mail			
7. 8.	Name and address Signature of authorized filer Please print name of authorized	Title ed filer	Tel	ephone #s	FAX#	e-mail			
7. 8.	Name and address Signature of authorized filer Please print name of authorized ng information (see General I	Title ed filer	Tel	ephone #s	FAX#	e-mail			
7. 8.	Signature of authorized filer Please print name of authorized information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sub	Title ed filer nstruction	Tel	ephone #s	FAX#	e-mail			
7. 8. Filli	Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code	Title ed filer nstruction -TOI) (s)(if	s for desc	ephone #s	FAX#	e-mail			
7. 8. Filii 9. 10.	Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Required	Title ed filer nstruction o-TOI) (s)(if uirements)	s for desc	ephone #s	FAX#	e-mail			
7. 8. Filii 9.	Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code	Title ed filer nstruction o-TOI) (s)(if uirements)	s for desc	riptions of th	FAX#				
7. 8. Filli 9. 10. 11.	Signature of authorized filer Please print name of authorized Interpretation (see General Interpretation) Sub-Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code applicable)[See State Specific Reg Company Program Title (Mar	Title ed filer nstruction o-TOI) (s)(if uirements)	s for desc	ephone #s riptions of the	FAX # nese fields) [] Rules [] Fabination Rates/R	Rates/Rules			
7. 8. Filli 9. 10. 11.	Signature of authorized filer Please print name of authorized Interpretation (see General Interpretation) Sub-Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code applicable)[See State Specific Reg Company Program Title (Mar	Title ed filer nstruction o-TOI) (s)(if uirements)	s for desc	ephone #s riptions of the	rese fields)	Rates/Rules			
7. 8. Filli 9. 10. 11.	Signature of authorized filer Please print name of authorized In the second of the sec	ed filer nstruction o-TOI) (s)(if uirements] keting title)	s for desc	ephone #s riptions of the	FAX # nese fields) [] Rules [] Fabination Rates/R	Rates/Rules tules/Forms tription)			
7. 8. Filli 9. 10. 11.	Signature of authorized filer Please print name of authorized Interpretation (see General Interpretation) Sub-Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code applicable)[See State Specific Reg Company Program Title (Mar	ed filer nstruction o-TOI) (s)(if uirements] keting title)	s for desc	ephone #s riptions of the	rese fields) [] Rules [] Fabination Rates/ROther (give desc	Rates/Rules tules/Forms tription)			
7. 8. Filii 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorized In the second of the sec	ed filer nstruction o-TOI) (s)(if uirements] keting title)	s for desc	ephone #s riptions of the	rese fields) [] Rules [] Fabination Rates/ROther (give desc	Rates/Rules tules/Forms tription)			
7. 8. Filii 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorized filer In the second of t	ed filer nstruction o-TOI) (s)(if uirements] keting title)	s for desc	ephone #s riptions of the	rese fields) [] Rules [] Fabination Rates/ROther (give desc	Rates/Rules tules/Forms tription)			
7. 8. Filii 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorized In the second of the sec	ed filer nstruction o-TOI) (s)(if uirements] keting title)	s for desc	ephone #s riptions of the e/Loss Cost ms [] Con ndrawal[] (FAX # nese fields) [] Rules [] Fabination Rates/Rother (give desconder) Renewa	Rates/Rules tules/Forms tription)			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
	Filing Fees (Filer must provide check # and fee amount if applicable)
22.	[If a state requires you to show how you calculated your filing fees, place that calculation below]
	heck #:
ıA	mount:
	r to each state's checklist for additional state specific requirements or instructions on
calc	ulating fees.
***R	Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies
	uired, other state specific forms, etc.)
PC ⁻	TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms) (Do <u>not</u> refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			[] New [] Replacement [] Withdrawn		
02			[] New [] Replacement [] Withdrawn		
03			[] New [] Replacement [] Withdrawn		
04			[] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[]New []Replacement []Withdrawn		

PC FFS-1

DECLARATIONS

GARAGE Ε

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'ENN NATIONAL INICHIDANICE

en e	INSURANCE					
-	Pennsylvania National Mutual Casualty Insurance	Company				
	Penn National Security Insurance Company					
	P.O. Box 2361					
	Harrisburg, PA 17105-2361	^				
	1-800-38B-4764	_ G				
		E				
		N				
PA N	IATIONAL MUTUAL CAS, INS. CO,	_ C				

BRANCH OFFICE	IN LIEU OF				
ITEM ONE Insured's Name and Mailing Address (If Individuel, Lest Name First)	COMPANY USE ONLY COMPANY USE ONLY				
POLICY PERIOD: From: To 12:01 A.M. Standard Time at your mailing address shown ab	•				
	AGENCY NUMBER				
	ISSUING DATE PRODUCER 1.D.				
	L.				

IN LIEU OF

С PENN NATIONAL SECURITY INS. CO. ☐ INDIVIDUAL FORM OF BUSINESS: CORPORATION PARTNERSHIP

LIMITED LIABILITY COMPANY OTHER

NAMED INSURED'S BUSINESS:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

POLICY NO:

ITEM TWO. SCHEDULE OF COVERAGES AND COVERED AUTOS.

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for

COVERAGES		COVERED AUTOS		PREMIUM		
· · · · · · · · · · · · · · · · · · ·			Each "Accident"	"Garage Operations"	Aggregate- "Garage Operations"	
LIABILITY]	"Auto" Only	Other Than "Auto" Only	Other Than "Auto" only	
			\$	\$	\$	\$
PERSONAL INJURY PROTECTION			SEPARATELY STATED 1	N EACH P.I.P. ENDORSEM	ENT	
or equivalent No-fault Coverage)			MINUS \$	DED.		\$
ADDED PERSONAL INJURY PROTECTION (or equiva		SEPARATELY STATED	N EACH ADDED P.I.P. END	ORSEMENT	\$	
MEDICAL PAYMENTS			\$			\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS Virginia only)	,		SEPARATELY STATED I BENEFITS ENDORSEMEI MEDICAL EXPENSE BEN INCOME LOSS BENEFIT	N EACH MEDICAL EXPENS NT EFITS \$ S \$	E AND INCOME LOSS EACH PERSON PER WEEK EACH PERSON	\$
UNINSURED MOTORISTS			\$			\$
UNDERINSURED MOTORISTS			\$			\$
COMPREHENSIVE	G A C O V		\$ DED.FOR THEFT OR MISCHIEF O	H LOCATION MINUS REACH CUSTOMER'S AUT R VANDALISM SUBJECT M DEDUCTIBLE FOR ALL	то	\$
SPECIFIED CAUSES OF LOSS	VERAGE P		\$ EACH FOR EACH CUSTOME	LOCATION MINUS \$ R'S AUTO SUBJECT TO M DEDUCTIBLE FOR ALL		\$
COLLISION	R S		\$ EA COVERED AUTO.	ACH LOCATION MINUS \$	DED. FOR EACH	\$
COMPREHENSIVE	P H Y S I C		s NO DEDUCTIBLE APPL	DED. FOR EA IES TO LOSS CAUSED BY le For Dealers "Autos" And	ICHEVER IS LESS, MINUS CH COVERED AUTO, BUT FIRE OR LIGHTNING. (See "Autos" Held For Sale	\$
SPECIFIED CAUSES OF LOSS	A E R A G E		\$ DED. FOR MISCHIEF OR VANDA	OR COST OF REPAIR, WHI R EACH COVERED AUTO F LISM. (See Supplementery Ide By Trailer Dealers And	OR LOSS CAUSED BY Schedule for Dealers "Autos"	\$
COLLISION	M A G E				ICHEVER IS LESS, MINUS AUTG. (See Supplementary Sale By Trailer Dealers	\$
TOWING AND LABOR			\$ For Each	Disablement Of A Private P	assenger "Auto".	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS F	POLICY AT	TS INCEPTION	<u></u>	TOTAL P	REMIUM ITEM TWO	\$
				PREMIUM	FOR ENDORSEMENTS	\$
						\$
•				<u> </u>		\$
•						\$
CO. USE ONLY				ESTIMATE	D TOTAL POLICY PREMIUM	\$

This policy may be subject to final audit.

THIS DECLARATIONS MUST BE COMPLETED BY THE ATTACHMENT OF A SUPPLEMENTARY SCHEDULE.

Countersigned By _	
	Authorized Representative

COVERED AUTOS

Entry of one or more of the symbols from the COVERED AUTOS Section of the Garage Coverage Form shows which autos are covered autos.

71 0153 0508 Page 2 of 3

POLICY NUMBER			POLICY PERIOD				COVERAGE IS PROVIDED IN THE			AGENCY	P		
				FRC	N	ТО						- 	00
VUTO	ST	TER	YR	DI	ESCRIPTIO	DN	SERIAL	NUMBER	AGE	COST SYM	CLASS	STATED AMOUNT	00
													_
OTU	RAD	USE	SIZE	/SEAT	INCM LOSS	MED EXP	L	IMIT	BILITY	PREM	PI PRE		ADDED PIP
												•	
NUTO		MEDICA IMIT	L PAY	MENTS PREM	UNIN LIMIT	ISURED	MTRST PREM	UNDERII LIMIT	NSURE	D MTRS PREI	T VI DEI	COMPREHE DUCTIBLE	NSIVE PREM
UTO	SPEC DEDU	CIFIED C	AUSE	S OF LOS PREM	SS DEDU	COLLI:	SION PREM	TOW LIMIT	ING &	LABOR PREM		OTHER PREM	TOTAL PREM

RAD. Means RADIUS OF OPERATION

DED. Means DEDUCTIBLE

TER: Town and State Where the Covered Auto will be principally garaged.

Except for towing, all physical damage loss is payable to you and the loss payee, if any named on the attached loss payable clause(s) as interests may appear at the time of the loss.

DECLARATIONS

GARAGE E

CO,	VERAGE	FORM
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V	PENN NATIONAL INSURANCE				·		MPANY	USE ONLY
	Pennsylvania National Mulual Casualty Insurance C	ompany	POLICY PERIOD:	From:		To:		
	Penn National Security Insurance Company			12:01 A.M. S	Standard Time at your mailing address shown	above.		
	P.O. Box 2361 Harrisburg, PA 17105-2361 1-800-388-4764	A G				AGENO	Y NUMBE	3
_		E N				ISSUIN	IG DATE	PRODUCER I.D.
	PA NATIONAL MUTUAL CAS. INS. CO. PENN NATIONAL SECURITY INS. CO.	C				<u> </u>		
			TENOUS INTO	MIDLIAL	LINAUTED LIABULEV CONTRANT	v □ △⊤	1.7ED	

POLICY NO:

TEM ONE Insured's Name and Mailing Address (If Individual, Last Name First)

FORM OF BUSINESS: CORPORATION PARTNERSHIP LIMITED LIABILITY COMPANY NAMED INSURED'S BUSINESS:

BRANCH OFFICE

INSURANCE AS STATED IN THIS POLICY. ITEM TWO, SCHEDULE OF COVERAGES AND COVERED AUTOS.

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE

COVERAGES		COVERED AUTOS		LIMIT		PREMIUM
- A - A - A - A - A - A - A - A - A - A			Each "Accident"	"Garage Operations"	Aggregate- *Garage Operations*	
LIABILITY			"Auto" Only	Other Than	Other Than	Ī
			\$	"Auto" Only \$	"Auto" only	\$
PERSONAL INJURY PROTECTION			SEPARATELY STATED I	N EACH P.I.P. ENDORSEME	NT	
or equivalent No-fault Coverage)			MINUS \$	DED.		\$
ADDED PERSONAL INJURY PROTECTION (or No-fault Coverage)	equivalent added		SEPARATELY STATED I	N EACH ADDED P.I.P. END	ORSEMENT	\$
MEDICAL PAYMENTS			\$			\$
MEDICAL EXPENSE AND INCOME LOSS BENEF (Virginia only)	ITS		BENEFITS ENDORSEMEN	NEACH MEDICAL EXPENSE VT. Cded: For Eac	ACH PERSON	\$
UNINSURED MOTORISTS			S			\$
UNDERINSURED MOTORISTS			\$ C	Sustomers Auto)	\$
COMPREHENSIVE	G A C C O V		\$ DED. THEFT OR MISCHIEF O	R VANDALISM SUBJECT T	AUTO FOR LOSS CAUSED BY O LL SUCH LOSS IN ANY ONE	\$
SPECIFIED CAUSES OF LOSS	EKERAG		\$ EACH CUSTOMER'S AUT \$ MAX EVENT	KIMUM DEDUCTIBLE FOR A	DED. FOR EACH SUBJECT TO ALL SUCH LOSS IN ANY ONE	\$
COLLISION	P E R S		\$ EACOVERED AUTO.	ACH LOCATION MINUS \$	DED. FOR EACH	\$
COMPREHENSIVE	P H Y S - C O X		\$ NO DEDUCTIBLE APPLI	IES TO LOSS CAUSED BY F e For Dealers "Autos" And '	H COVERED AUTO, BUT IRE OR LIGHTNING. (See	\$
SPECIFIED CAUSES OF LOSS	A E D G		\$ DED. FOR MISCHIEF OR VANDAL	OR COST OF REPAIR, WHIO REACH COVERED AUTO FO LISM. (See Supplementary S ale By Trailer Dealers And N	DR LOSS CAUSED BY Schedule for Dealers "Autos"	\$
COLLISION	M E A G E			OR COST OF REPAIR, WHI DED. FOR EACH COVERED a utos" and "Autos" Held For	CHEVER IS LESS, MINUS AUTO. (See Supplementary Sale By Trailer Dealers	\$
TOWING AND LABOR			\$ For Each I	Disablement Of A Private Pa	ssenger "Auto".	\$
FORMS AND ENDORSEMENTS CONTAINED IN	THIS POLICY AT	ITS INCEPTION		TOTAL PR	EMIUM ITEM TWO	\$
				PREMIUM F	OR ENDORSEMENTS	\$
						\$
						\$
***************************************			****			\$
CO. USE ONLY				ESTIMATE	TOTAL POLICY PREMIUM	\$

ınıs	policy	may	рe	SUD	ject	το	tinai	audit.

THIS DECLARATIONS MUST BE COMPLETED BY THE ATTACHMENT OF A SUPPLEMENTARY SCHEDULE.

Countersigned By _ Authorized Representative

Page 1 of 3

IN LIEU OF

COMPANY USE ONLY

COVERED AUTOS

Entry of one or more of the symbols from the COVERED AUTOS Section of the Garage Coverage Form shows which autos are covered autos.

71 0153 1203 Page 2 of 3

PC	LICY N	UMBER			POLICY P			COVERAG	E IS PRO	VIDED I	N THE	AGENCY	Р
				FRC)IVI	TO)						00
AUTO	ST	TER	YR	DI	ESCRIPTIO	ON	SERIAL	. NUMBER	AGE	COST SYM	CLASS	STATED AMOUNT	1 00
AUTO	RAD	USE	SIZE	/SEAT	INCM LOSS	MED EXP		Li LiMIT	ABILITY	PREM	P PR		ADDED PIP
AUTO		MEDICA IMIT	L PAY	MENTS PREM	UNIN LIMIT	SURED	MTRST PREM	UNDER LIMIT	INSURE	D MTRST PREN	DE	COMPREHE DUCTIBLE	NSIVE PREM
AUTO	SPEC DEDU	IFIED CA	AUSES	OF LOS PREM	S DEDU	COLLI: CTIBLE	SION PREN	TOV I LIMIT	/ING & I	ABOR PREM		OTHER PREM	TOTAL PREM
									·				

RAD. Means RADIUS OF OPERATION

DED. Means DEDUCTIBLE

TER: Town and State Where the Covered Auto will be principally garaged.

Except for towing, all physical damage loss is payable to you and the loss payee, if any named on the attached loss payable clause(s) as interests may appear at the time of the loss.

Page 3 of 3



GARAGE COVERAGE FORM (Cont'd)

AUTO DEALERS

SUPPLEMENTARY SCHEDULE

Pennsylvania National Mutual Casualty Insurance Company Penn National Security Insurance Company P.O. Box 2361 Harrisburg, PA 17105-2361 1-800-388-4764

POLICY NO:

ITEN	THREE. LOCA	TIONS WHERE YOU COND	UCT GARAG	E OPERATIO	ONS					
LOC.	ADDRESS: State Y	our Main Business Location As Loca	ition No. 1.							
NO.							***	•		
		LD AMERICAN TO								
								,		
ITEN	FOUR. LIABIL	ITY COVERAGE - PREMIUN	/IS							
LOC. NO.		ses Of Operators tions On Reverse Side)	Rating Factor	Number Of Persons	Rating Units	Total Rating Units	Liability Premium	P.I.P. Premium	Medical Expense Benefits Premium (VA Only)	Income Loss Benefits Premium (VA Only)
-	Class I - Employee	s Regular Operators		ĺ						
	Class I - Employees	All Others					\$	\$	s	\$
	Class II - Non-Empl	oyees Under Age 25					ľ	,	1	`
	Class II - Non-Empl	oyees Age 25 Or Over								
	Class I - Employees	Regular Operators								
	Class I - Employees	All Others					ś	s	\$	ŝ
	Class II - Non-Empl	pyees Under Age 25	<u> </u>				•	*	1	`
	Class II - Non-Empl	oyees Age 25 Or Over								
			TOTA	AL PREMIUN	/IS		\$	\$		
		cked Paragraph a.(2)(d) of KEEPERS COVERAGES AN (Absence Of A limit or deduct	ID PREMIUM Limit O	S f Insurance	For Each L	ocation		.		PREMIUM FOR ALL LOCATIONS
	Comprehensive	\$ MINUS \$	DEDUCTIBLE AXIMUM DEDUC	FOR EACH CU	STOMER'S A	UTO FOR L	OSS CAUSED BY TI	HEFT OR MISCH	IEF OR VANDALISM	4 \$
İ	Specified Causes Of Loss	SUBJECT TO \$ M \$ MINUS \$ MAXIMUM DEDUCTIBLE FOR AL	DEDUCTIBLE L PERILS SUBJEC	FOR ALL PERIL	S FOR EACH MAXIN	CUSTOMER IUM DEDUC	R'S AUTO SUBJECT CTIBLE FOR ALL SU	TO \$ CH LOSS IN ANY	ONE EVENT.	\$
	Collision	\$ MINUS \$		E FOR EACH CL						\$
	Comprehensive Specified Causes	s MINUS \$	AXIMUM DEDUC DEDUCTIBLE	TIBLE FOR ALI FOR ALL PERIL	SEOR FACH	IN ANY ON	R'S AUTO SUBJECT	T0 \$		\$
	Of Loss	MAXIMUM DEDUCTIBLE FOR ALI	PERILS SUBJEC	TTO\$	MXAM	UM DEDU	CTIBLE FOR ALL SU	CH LOSS IN ANY	ONE EVENT.	\$
	Collision	\$ MINUS \$	DEDUCTIBL	LE FOR EACH C	USTOMER'S	AU⊺U. " I	TOTAL DOCK			
India	EXCESS INSURA applies without collectible insur customer's aut	an "X" which, if any, Dire ANCE. If this box is check regard to your or any oth ance regardless of whetho's" owner. ANCE. If this box is check.	ed, Garageke er "insured's ner the othe ked, Garagel	eepers Cove " legal liabi r insurance keepers Cov	erage rema lity for "lo covers y rerage is o	ss" to a our or	"customer's a any other "ins	il liability bas auto" on an aured's" inte	sis. However, excess basis o rest or the in	over any other nterest of the
		"loss" to a "customer's au ical Damage Coverage - T				ITEREST	'S IN THESE AL	JTOS -		
		TING OR NONREPORTING						•		
Each	of the followin	g Physical Damage Covera	des that is in	idicated in l	tem Two a	polies or	nly to the types	of "autos" a	and interests in	dicated below

Your Interest Only In Financed Covered "Autos"

Your Interest In Covered

"Autos" You Own

Page 1 of 4	

All Interests in Any "Auto" Not Owned By You Or Any Creditor While In Your Possession On

Consignment For Sale.

INTERESTS COVERED

Your Interest And The Interest Of Any Creditor Named As A Loss Payee

COVERAGES

Comprehensive

Specified Causes
Of Loss

Collision

New

"Autos"

TYPES OF "AUTOS"

Used "Autos", Demonstrators And Service Vehicles

by "X".

DEFINITIONS

ITEM FOUR.

Class 1 - Employees

Regular Operator

- Proprietors, partners and officers active in the "garage operations", salespersons, general managers, service managers, any "employee" whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto".

All Others

- All other "employees",

- NOTE: 1. Part-time "employees" working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.
 - 2. Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

Class II - Non-Employees

Any of the following persons who are regularly furnished with a covered "auto": Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

ITEM SEVEN.

Our limit of insurance for "loss" at locations other than those stated in ITEM THREE.

- Additional locations where you store covered "autos".
- In transit.

PREMIUM BASIS -Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon By "X").

REPORTING BASIS (Quarterly or Monthly as indicated on Page 3 by "X")

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your "employees" or family members and other Class II - Non-Employees and covered "autos" that are temporarily displayed or stored at locations other than those stated in ITEM THREE. For your main sales location you must include the total value of all service vehicles.

YOUR REPORTING BASIS IS:

QUARTERLY - You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the values for the last business day of every third month coming within the policy period.

MONTHLY - You must give us your reports by the fifteenth of every month. Your reports will contain the total value you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown in ITEM SEVEN will be credited against the final premium due.

NONREPORTING BASIS. Stated limit of insurance shown in ITEM SEVEN on Pages 2 & 3 applies.



GARAGE COVERAGE FORM (Continued) AUTO DEALERS SUPPLEMENTARY SCHEDULE

Pennsylvania National Mutual Casually Insurance Company Penn National Security Insurance Company P.O. Box 2361 Harrisburg, PA 17105-2361 1-800-388-4764

POLICY NO:

ľTE	M SEVEN. C	ONTIN	UED, PHYS	SICAL DAM	AGE COVE	RAGE								
100	COVERAGES	1		MIT OF			FOR E	ACH LO	CATI	O N			RATES	PREMIUM
	Comprehensive	\$		US \$	DEDUCTIBLE F					THEFT OR MI	SCHIEF OR	VANDALISM	\$	\$
	Specified Causes Of Loss	\$UBJEC \$ MAXIMI	. MIN	US \$ BLE FOR ALL S	DEDUCTIBLE	FOR ALL PER	ILS OR EAC	H COVERED A		ECT TO \$			\$	\$
	Comprehensive	\$	MIN	US \$	DEDUCTIBLE F	OR EACH COV	/ERED AUTO			THEFT OR MI	SCHIEF OR	VANDALISM	\$	\$
	Specified Causes Of Loss	SUBJEC \$ MAXIMI	MIN	MAXIMU US \$ BLE FOR ALL SI		FOR ALL PER	LS FOR EAC	H COVERED A		ECT TO \$			\$	\$
		\$		INUS \$		LE FOR EACH		UTO.					Adjust-	
ALL	Collision				BLA			LISION RA	TES				ment Factor	Premium
755	Comaion		First \$!	50,000		\$50,00	1 To \$10	0,000		Over	\$100,00	00		\$
														>
•			n 1 1 1 4				. :_ := := .	TUDEE		тот	AL PREN	IIUM ITEM S	EVEN	\$
Our II \$	imit of insura: Adı			vhere you s			I IN II EIVI	inkee.	\$	lr	transit.			
•	IUM BASIS-F						EPORTING	3 (indicate bas				2 for explanation	n)	
YOU	R REPORTING	BASIS	is:	QUARTER	LY [MONTH	iLY	☐ NON	REPORT	NG	** .			
ITEM	EIGHT. ME	DICAL F	PAYMENT	S COVERAG	E. REFER 1	O ITEM N	NE FOR C	OVERED A	UTOS II	ISURED C	N A SPE	CIFIED CAR		
		COVE	RAGE				PREMIUM	DETERMI	NOITAN				PRE	MIUM
Αι	uto Medical Payma	ents Only				al Payments P	· · · · · · · · · · · · · · · · · · ·			iability Premi	um		\$	
	emises And Opera Bodily Injury Cau			. (Does Not App		nd Operations % Of The Lial		nents Premiun n.	n Equals				\$	
	emises and Op edical Payments	erations	And Auto			nd Operations . % Of The Lia		edical Payment m.	s Premium I	quals			\$	
IVI	euloai i ayincilta					70				TOTAL PE	REMIUM	TEM EIGHT	\$	
			·						L					OD WII II O
	NINE. SCHE				WHICH AR	E FURNISH	ED IO S	OMEOME C	HEK I	HAN CLAS	55 I UK I	CLASS II OPI	EKATOKS	OR WHIC
	ered			RIPTION	- · · · · · · · · · · · · · · · · · · ·	****					CLA	SSIFICATION		
Au Ne	to Year M	odel; Trad		y Type, Serial	Number(s), Veh	Vehic	rw Gcw Or le Seating apacity	Original Cos New	R ≕ ret	vice ail	Terr.	Radius Of Operation	Code	Sym/ Age
							эристу	1	C = cos	mmercial				
COV	ERAGES - PRI	ENAILINAS	S AND DE	NUCTIBLES	(Absence of a	deductible ent	ry in any co	lump below n	neans that	the deductibl	e entry in t	he corresponding	ITEM TWO	column apolic
		-141101410	7 7 7 7 7 7	· ·	instead).		1	1	•			. 1		
Covere	ed Liability Premium I	P.I.P. Premium	Added P.J.P. Premium	Auto Med. Pay	Med Exp	Incm. Loss Premium	U.M. Premium	U.I.M. Premium		ehensive	Specified Causes C Loss)f	1	Towing And Labor
No.		, = 1, 1, 1		Premium	Premium	, , , , , , , , , , , , , , , , , , , ,	<u> </u>		\$ Ded.	Premium	Premium	\$ Ded.	Premlum	Premium
Total								-			1			+
Premit	mı						<u> </u>		alte e di Br		}			
Al	/ERED JTO	(Do i		r organization to vered "autos" v						Territory principally THREE.	town and s garaged if o	state where the different from Loc		Auto" will be shown in ITEM
EXCE	PT FOR TOV	VING. A	II PHYSIC	CAL DAMA	GF LOSS IS	PAYABLE	TO YOU	J AND THE	LOSS F	AYEE. IF	ANY, N	AMED ON T	HE ATTA	CHED LOS

PAYABLE CLAUSE(S) AS INTERESTS MAY APPEAR AT THE TIME OF THE LOSS.



Pennsylvania National Mutual Casualty Insurance Company Penn National Security Insurance Company P.O. Box 2361 Harrisburg, PA 17105-2361 1-800-388-4764

GARAGE COVERAGE FORM (Continued) AUTO DEALERS SUPPLEMENTARY SCHEDULE

ITEM TEN

LIABILITY PREMIUM FOR PICK UP AND DELIVERY OF AUTOS - NON-FRANCHISED DEALERS ONLY

NUMBER OF DRIVER TRIPS	RATE	PREMIUM
51-200 Miles		\$
Over 200 Miles		\$
	TOTAL	\$



GARAGE COVERAGE FORM (Cont'd)

AUTO DEALERS

SUPPLEMENTARY SCHEDULE

Pennsylvania National Mutual Casualty insurance Company Penn National Security Insurance Company P.O. Box 2361 Harrisburg, PA 17105-2361 1-800-388-4764

POLICY NO:

ITEN	A THREE. LO	CATION	NS WHERE YOU CONDUC	CT GARAGI	E OPERAT	TONS						
LOC.	ADDRESS; St	ate Your N	Main Business Location As Locatio	on No. 1.								
	<u> </u>											
			· · · · · · · · · · · · · · · · · · ·									
ITEN	/ FOUR. LIA	BILITY	COVERAGE - PREMIUMS	š								
LOC. NO.	(See D		f Operators On Reverse Side)	Rating Factor	Number Of Persons	Rating Units	Total Rating Units	g Pre	ability emium	P.I.P. Premium	Medical Expense Benefits Premium (VA Only)	Income Loss Benefits Premium (VA Only)
	Class ! - Emplo	oyees Regr	ular Operators	† <u> </u>		†						
	Class I - Emplo	yees All O	thera			7		ş		\$	\$.	\$
	Class II - Non-	Employees	Under Age 25		4 .] '		1*		¥ 1	,	7
	Class II - Non-F	Employees	Age 25 Or Over	Ĺ		Ī'					<u> </u>	ļ
	Class - Emplo	yees Regu	lar Operators								7	
	Class I - Emplo	yees All O	thers				1	s		\$	\$	\$
	Class II - Non-F	mployees	Under Age 25] '		*		₹	'	[*
	Class II - Non-E	Employees	Age 25 Or Over			<u> </u>						1
				TOTA	L PREMIU	JMS		\$		\$		
			OVERAGE FOR YOUR CL							*		
			graph a.(2)(d) of Who Is	An Insured	l under Se	ection II - Lia	bility Co	overage, l	Liability	Coverage	for your custon	ners is limited
unles	ss indicated i	below b	y "X".	•						•		
гт ₁₂	f this hav is	chacker	d Dersaranh a 121(d) of 1/	Mas Is An Ir	-corad up	dar Saction I	l lishi	Ilitu Cover	an do	oo not anni		
Ш "	THIS DOX 15	checken	d Paragraph a.(2)(d) of W	VNO IS AII a	1Surea una			`	age uos	3S HOLAPPI	/ ·	
ITEN	SIX. GAR/	4GEKEE	PERS COVERAGES AND	PREMIUMS	- -	=Added:	For t	∃ach				
	1				···	Custom	ier's /	Auto				· · · · · · · · · · · · · · · · · · ·
LOC. NO.	Coverages		(Absence Of A limit or deductible			4 	/		_ √e applies'	Λ	,	PREMIUM FOR ALL LOCATIONS
	Comprehensive	 					<u> </u>				EE OR VANDALISM	
	Specified Cause	— sub.	JECT TO \$	MAXIMUM DEL	OUCTIBLE FO	OR WLL SUCH ZO	SS IN AN	IY ONE EVEN	it; or		EF OR VANDALISM	
	Of Loss	14	M(NUS \$ JECT TO \$			RILS SUBJECT TO OR ALL SUCIA LOS				DEDUCTIBLE FO	OR ALL PEHILS	\$
	Collision	\$	MINUS \$.			CUSTOMER'S AU						\$
	Comprehensive		MINUS \$							EFT OR MISCH	HEF OR VANDALISM	\$
	Specified Caus		MINUS \$	DEDUCTIBLE	EFOR ALL P	FOR ALL SUCH LOPERILS SUBJECT	TO \$	MA	AXIMUM I	DEDUCTIBLE F	OR ALL PERILS	
	Of Loss		JECT TO \$ [MAXIMUM DEC	DUCTIBLE FO	OR ALL SUCH LOS	SS IN ANY	Y ONE EVEN	<u>ĭ.</u>			\$
	Collision	\$	MINUS \$	DEDUCTIBLE	E FOR EACH	CUSTOMER'S A	iUTO.					\$
~		~= 0.07	, _]	TOTAL	PREMI	UM ITEM S	ΙΧ	\$
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а	pplies witho	ut regar	rd to your or any other	"insured's"	legal liat	oility for "los	s" to a	ı "custom	er's au	ito" on an	excess basis o	ver any other
	customer's a		regardless of whether	the other	insuranc	e covers yo	our or	any other	r "ınsu	ired's" inte	rest or the in	terest of the
							1		***	la.		
			CE. If this box is checked s" to a "customer's auto'				ianged 1	to apply v	NITHOUT	regard to y	our or any otne	er "insured's"
ITEM	SEVEN. Ph	vsica!	Damage Coverage - TYPI	ES OF COV	ERED AU	TOS AND IN	TEREST	rs in the	SE AU	ros -		
			OR NONREPORTING BA				,				4 4	
Each by "X		ving Phy	ysical Damage Coverages	s that is ind	licated in	Item Two ap	plies or	aly to the	types o	of "autos" a	and interests inc	licated below
CC	OVERAGES	T'	YPES OF "AUTOS"					רווו	rerest	S COVEREI	D	
		New "Autos"	Used "Autos", Demonstrators And Service Vehicles	Your Interest I "Autos" Yo		Your Interest O Financed Cov "Autos"	/ered	Your Interes	st And The	ne Interest Of d As A Loss	All Interests in Ar Owned By You Or Ar In Your Posse Consignment	ny Creditor While ession On
Соп	prehensive				-						Consignment	FOF Sale.

Specified Causes Of Loss ·

DEFINITIONS

ITEM FOUR.

Class I - Employees

Regular Operator

- Proprietors, partners and officers active in the "garage operations", salespersons, general managers, service managers, any "employee" whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto".

All Others

- All other "employees".

- NOTE: 1. Part-time "employees" working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.
 - 2. Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

Class II - Non-Employees

Any of the following persons who are regularly furnished with a covered "auto": Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

ITEM SEVEN.

Our limit of insurance for "loss" at locations other than those stated in ITEM THREE.

- Additional locations where you store covered "autos".
- In transit.

PREMIUM BASIS -Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon By "X").

REPORTING BASIS (Quarterly or Monthly as indicated on Page 3 by "X")

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your "employees" or family members and other Class II - Non-Employees and covered "autos" that are temporarily displayed or stored at locations other than those stated in ITEM THREE. For your main sales location you must include the total value of all service vehicles.

YOUR REPORTING BASIS IS:

QUARTERLY - You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the values for the last business day of every third month coming within the policy period.

MONTHLY - You must give us your reports by the fifteenth of every month. Your reports will contain the total value you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown in ITEM SEVEN will be credited against the final premium due.

NONREPORTING BASIS. Stated limit of insurance shown in ITEM SEVEN on Pages 2 & 3 applies.



PENN NATIONAL INSURANCE

GARAGE COVERAGE FORM (Continued) AUTO DEALERS SUPPLEMENTARY SCHEDULE

Pennsylvania National Mutual Gasualty Insurance Company Penn National Security Insurance Company P.O. Box 2361 Harrisburg, PA 17105-2361 1-800-388-4764

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ITEM TEN

LIABILITY PREMIUM FOR PICK UP AND DELIVERY OF AUTOS - NON-FRANCHISED DEALERS ONLY

	NUMBER OF DRIVER TRIP	s	RATE		PRE	MIUM
51-200 Miles		1.			\$	
Over 200 Miles					\$	
		1	<u> </u>	TOTAL	\$	